

CITY OF MIAMI BEACH

EMPLOYMENT APPLICATION



The City of Miami Beach is an equal opportunity/drug free employer and does not discriminate on the basis of age, citizenship, intending citizenship status, color, disability, marital status, national origin, race, religion, gender or sexual orientation. You must be a U.S. Citizen or alien resident lawfully authorized to work in the U.S. The City of Miami Beach shall provide reasonable accommodations, due to any disability, for all applicants and employees. Please let us know if you require any special accommodations at the test(s) and/or interview.

COMPLETE APPLICATION – DO NOT LEAVE ANY BLANKS – PLEASE PRINT

Date of Application

/ /

Are you at least 18 years of age? () Yes () No

Classification(s) you are applying for:

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Last Name:

First Name:

Middle Name:

Social Security No:

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Please account for all of your residence(s) for the past 7 years:

Present Address:

City:

State:

Zip Code:

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How long have you lived at this address? _____ years _____ months

Previous Address:

City:

State:

Zip Code:

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How long have you lived at this address? _____ years _____ months

Previous Address:

City:

State:

Zip Code:

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How long have you lived at this address? _____ years _____ months

Home Telephone:

Work Telephone:

Other Telephone:

() -	() -	() -
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E-Mail Address:

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Are you a current/previous City of Miami Beach employee?

Current: () yes () no Previous: () yes () no	YEAR OF SEPARATION	REASON FOR SEPARATION	CLASSIFICATION/DEPARTMENT
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For City of Miami Beach Employees Only:

Was your most recent Performance Evaluation Satisfactory or Above? () Yes () No

Do you wish to claim Veteran's Preference:

() Yes* () No

***If yes, it is your responsibility to furnish a DD214 or equivalent documentation and disabled Veteran's documentation (if applicable). You must also complete the "Applicant's claiming Veteran's Preference" package. (Please ask the Human Resources representative to whom you submit your application for this package)**

Are you related to any City of Miami Beach employee(s)? () Yes () No

If you answered yes, please list:

EMPLOYEE'S NAME	TITLE	RELATIONSHIP	DEPARTMENT/DIVISION
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DRIVER'S LICENSE INFORMATION

Driver's License Number:	State Issued:	Date Issued:	Expiration Date:
Class A: ____ Class B: ____ Class C: ____ Class D: ____ Any Endorsements? ____, ____, ____, ____	Class E: ____ (Regular)	Safe Driver? () Yes () No	Any Restrictions?

EDUCATION

School Name	School Address (City/State)	Dates Attended	Credit hrs. earned	Did you graduate? Yes / No	Degree Received	Major Field of Study
High School:						
Higher Education:						

Current Professional Licenses or Certificates and Issuing Agency	Date Issued	Date of Expiration

REFERENCES: List (3) personal references (non-relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE	YEARS KNOWN

Have you ever been **convicted** of a **crime**, plead **Nolo Contendere** or had **adjudication withheld**?

() Yes () No

Date of last conviction, date of plea of Nolo Contendere or date of adjudication withheld:

Month _____ Year _____

If yes, please explain below: (Each case is considered on its individual merits)

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EMPLOYMENT HISTORY

List all jobs held in the last TEN years and explain all gaps in employment (ex. Volunteer work, etc.) as it relates to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your **present or most recent position first** and work back. Use an additional sheet if necessary.

May we contact your present employer regarding your record of employment? () Yes () No

NAME OF EMPLOYER		JOB TITLE	
STREET ADDRESS		CITY, STATE, ZIP CODE	
NAME OF SUPERVISOR		TELEPHONE NUMBER	
HOURS PER WEEK PER	WHY DID YOU LEAVE?		
CURRENT/ENDING SALARY PER	DESCRIPTION OF DUTIES		
FROM DATE / /	TO DATE / /	TOTAL TIME YEARS / MONTHS /	NAME OF CO-WORKER

NAME OF EMPLOYER		JOB TITLE	
STREET ADDRESS		CITY, STATE, ZIP CODE	
NAME OF SUPERVISOR		TELEPHONE NUMBER	
HOURS PER WEEK PER	WHY DID YOU LEAVE?		
CURRENT/ENDING SALARY PER	DESCRIPTION OF DUTIES		
FROM DATE / /	TO DATE / /	TOTAL TIME YEARS / MONTHS /	NAME OF CO-WORKER

NAME OF EMPLOYER		JOB TITLE	
STREET ADDRESS		CITY, STATE, ZIP CODE	
NAME OF SUPERVISOR		TELEPHONE NUMBER	
HOURS PER WEEK PER	WHY DID YOU LEAVE?		
CURRENT/ENDING SALARY PER	DESCRIPTION OF DUTIES		
FROM DATE / /	TO DATE / /	TOTAL TIME YEARS / MONTHS /	NAME OF CO-WORKER

NAME OF EMPLOYER		JOB TITLE	
STREET ADDRESS		CITY, STATE, ZIP CODE	
NAME OF SUPERVISOR		TELEPHONE NUMBER	
HOURS PER WEEK PER	WHY DID YOU LEAVE?		
CURRENT/ENDING SALARY PER	DESCRIPTION OF DUTIES		
FROM DATE / /	TO DATE / /	TOTAL TIME YEARS / MONTHS /	NAME OF CO-WORKER

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NAME OF SUPERVISOR		TELEPHONE NUMBER	
HOURS PER WEEK PER	WHY DID YOU LEAVE?		
CURRENT/ENDING SALARY PER	DESCRIPTION OF DUTIES		
FROM DATE / /	TO DATE / /	TOTAL TIME YEARS / MONTHS /	NAME OF CO-WORKER

PLEASE ELABORATE ON HOW YOUR TRAINING AND EXPERIENCE RELATES TO THE POSITION (S) FOR WHICH YOU ARE APPLYING:

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I certify that all of the information on this application and on documents submitted is true, accurate and complete to the best of my knowledge.

I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City Service and/or disqualification from applying for any position in the service of the City of Miami Beach. I also certify that I understand all information on the job announcement and that this application and accompanying documents are considered to be public records unless otherwise exempt under Chapter 119, Florida Statutes.

I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for employment.

PRINT YOUR NAME:

SIGNATURE:

DATE:

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NAME – PLEASE PRINT

LAST	FIRST	MIDDLE

CLASSIFICATION (S) APPLIED FOR:

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DATE:

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THE FOLLOWING INFORMATION IS USED TO COMPLY WITH FEDERAL EQUAL OPPORTUNITY REPORTING REQUIREMENTS AND IS NEITHER A PART OF YOUR APPLICATION NOR HAS ANY BEARING ON YOUR CONSIDERATION FOR EMPLOYMENT.

Gender: () Female () Male

Ethnic Origin: Check Only One (1)

- () **White:** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North America, North Africa or the Middle East.
- () **African-American/Black:** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- () **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- () **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoan Islands and the Philippine Islands.
- () **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Referral Source: Check Only One (1)

- () Announcement (AN)
- () Art Deco (D)
- () Career Fair (CF)
- () City Employee (CE)
- () El-Herald (E)
- () Friend (F)
- () GovJobs.com (GJ)
- () Hola Amigos (HA)
- () Internet (I)
- () La Voz (LV)
- () Miami Herald (H)
- () Miami Times (T)
- () Monster.com (M)
- () Notification Card (NC)
- () Special Publication (SP)
- () Sun Sentinel (S)
- () Tiempo Nuevo (TN)
- () Walk-In (WI)
- () Other (O) – specify _____